

Terms of Reference

Infant and Young Child Feeding Technical Working Group

Sana'a - Yemen

1. Background

More than two years of conflict have exacerbated the chronic challenges that existed before the crisis and large areas of the country face increasing challenges in terms of food security, nutrition, water, and healthcare. Conflict has contributed significantly to the catastrophic nutrition and malnutrition rates are rising rapidly as a result of this. Partners estimate that 4.5 million people require treatment or prevention services for malnutrition – a 148% rise since late 2014. Of the 4.5 million people in need, nearly 3.3 million are estimated to be acutely malnourished, including 462,000 children with severe acute malnutrition (SAM) and 2.8 million children and pregnant and lactating women (PLW) with moderate acute malnutrition (MAM).¹

According to the Yemen HRP partners plan to provide treatment or other nutrition services to an estimated 2.6 million people, including 1.7 million acutely malnourished children and PLW. This is an increase of 37% since the 2016 YHRP. SAM targets in 2017 increased from 60% of total needs in 2016 to 70% in 2017, a reflection of the growing cluster capacity and a worsening situation.²

Data on IYCF collected by the 2013 Yemen National Demographic and Health Survey estimated that as little as 10% of children under six months were exclusively breastfed. In addition to breastmilk, 26% of infants under six months were given water, while 3% were given non-milk liquids and juice, and 30% were given milk other than breastmilk. Furthermore, 24% of infants under six months were given complementary foods and breastmilk, though by the age of 6-9 months only 65% were given complementary foods. 44% of infants under six months were fed using a bottle with a nipple.³

The findings above highlight that IYCF practices in Yemen were already far from optimal prior to the conflict. The current crisis is bringing additional challenges to optimal IYCF practices such as a lack of clean water, poor sanitation, limited access to health services, and lack of food for PLW and their young children. IYCF and IYCF in Emergency (IYCF-E) interventions are lifesaving and therefore urgently need to be scaled-up.

Therefore, in consideration of the above context the Nutrition Cluster has been supporting the coordination of nutrition actors within the humanitarian community to ensure appropriate and efficient response to humanitarian crisis by providing life-saving nutrition support to populations in need in accordance with national and global standards. It is within this operational framework that the IYCF Technical Working Group (TWG) has been established to contribute to a reduction in young child malnutrition by providing technical support in implementation of IYCF and IYCF-E programmes in Yemen based on the latest country program experience and in line with international (humanitarian) standards and guidelines.

¹ Yemen Humanitarian Needs Overview 2017

² Yemen Humanitarian Response Plan 2017

³ Yemen National Demographic and Health Survey 2013

2. Justification

Despite Yemen having an IYFC Policy and IYCF Guidelines there is a need for a technical forum to steer programmes aimed at enhancing child survival through the promotion, protection and support of IYCF practices. The establishment of the IYCF TWG will complement government efforts through the provision of technical support in updating IYCF policy and guidelines, program implementation as well as program monitoring, and to ensure that IYCF-E is sufficiently accounted for.

3. Objectives of IYCF Technical Working Group

- 1) **Coordinate** implementation of IYCF and IYCF-E activities to ensure coherent and streamlined program implementation and geographic and programmatic coverage in all governorates.
- 2) Provide **technical support** for adapting and implementing national and international guidelines, policies, curricula and tools to support IYCF and IYCF-E programs.
- 3) Development, validation, and dissemination of key tools, resources, and technical updates.
- 4) Provide technical support for the development of a national IYCF strategy and IYCF-E Response Plan.
- 5) Promote partners compliance to national IYCF policy and guidelines and their integration into relevant partner's work plans.
- 6) Support **capacity building** and implementation of IYCF-E actions as needed.
- 7) Advice and support IYCF and IYCF-E capacity needs assessments as well as priority areas of research to determine predominant hindrances to IYCF and identify priorities for action.
- 8) Advocate and promote the **integration** of IYFC initiatives into the government health care system (i.e. supporting incorporation of IYCF activities into the reproductive health services)
- 9) Support the establishment and functioning of sub-national IYCF working groups in priority governorates (Aden, Hodeidah) and identify a focal point for IYCF in remaining governorates.
- 10) Support **intersectoral coordination** and promotion of integration of IYCF and IYCF-E within other sectors (i.e. Health, WASH, FSL, CP).
- 11) Advocate for the inclusion of IYCF and IYCF-E programming in the next emergency response plan.
- 12) **Evaluate** the impact of IYCF and IYCF-E interventions.

The IYCF TWG will develop quarterly action plans to reflect the above objectives, as well as individual agency responsibilities. The action plan will be reviewed against progress every month.

4. Working Modalities

- **Meeting frequency:** IYCF TWG meetings will be conducted regularly every 1st Tuesday of the month and when required on the 3rd Tuesday of each month
- **Timing and location:** To be communicated by the IYCF TWG co-chair
- **Decision making:** General consensus
- **Production of minutes & circulation:** To be circulated after every meeting by the IYCF TWG co-chair

Each member will appoint a primary and a secondary focal point (to attend in the absence of the primary focal point). Members shall commit to participation in all meetings. Absence for three consecutive meetings may result in disqualification of a member. The meeting will have quorum if 5 members are present to ensure validity of decisions made.

Annex A – List of Members

Chair: MoPHP (Nutrition Department)
Co-Chair: SCI
UN Agencies: UNICEF, WFP, WHO
INGO: IRY, ACF
NGO: SOUL, BFD, FMF
Government: MOPIC- FSTS

Annex B – Key Documents Guiding the Work of this TWG

- Yemen National IYCF Counselling Guidelines (2011)
- WHO Global Strategy for IYCF (2003)⁴
- Yemen National Breastfeeding Legislation (2002)
- IFE Core Group Operational Guidance on Infant and Young Child Feeding in Emergencies (2007)⁵
- WHO Guiding Principles for Feeding Infants and Young Children during Emergencies (2004)⁶
- The Sphere Project, IYCF Minimum Standards in Minimum Standards in Disaster Response (2011)⁷
- WHO International Code of Marketing of Breastmilk Substitutes and relevant World Health Assembly Resolutions (1981)⁸

⁴ [WHO Global Strategy for IYCF \(2003\)](#)

⁵ [IFE Core Group Operational Guidance on Infant and Young Child Feeding in Emergencies \(2007\)](#)

⁶ [WHO Guidelines for Feeding Infants and Young Children during Emergencies \(2004\)](#)

⁷ [SPHERE Project, IYCF Minimum Standards in Emergencies \(2011\)](#)

⁸ [WHO International Code of Marketing of Breastmilk Substitutes \(1981\)](#)